

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 594080

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/						
3	2		1				
4	2		1				
5	2		1				
6	2		1				
7	1		1				
8	1		1				
9	1		1				
10	1		1				
11	1		1				
12	1		1				
13	1		1				
14	1		1				
15	1		1				
16	6		1				
17	6		1				
18	6		1				
19	1						
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21	1						
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48							
49							
50							
TOTAL IND.	4		3				
TOTAL DEP.	38	←	16	←	←		
TOTAL CLAIMS	42		19				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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97							
98							
99							
100							
TOTAL IND.					↓		
TOTAL DEP.					←	↓	↓
TOTAL CLAIMS					←	←	←